## LIVESTOCK DEPARTMENT ENTRY FORM SENIOR OPEN

FORM MAY BE PHOTO COPIED

PLEASE TYPE OR PRINT

## **AMADOR COUNTY FAIR**

26th District Agricultural Association P.O. Box 9, Plymouth, CA 95669 209/245-6921

**TOTAL FEES** 

Name of Exhibitor/Legal Owner	Telephone	e-ma	il C	Date of Birth	Age
Mailing Address	City	Zip			
Please accept these entries subject to the Drug Statement (market animals only) and			Country Fair Premium Book. I understand that my ergned.	ntries will not be acce	pted until the
I certify that these entries are the project of	of the exhibitor and are eli	gible to be shown in ac	cordance with the rules of the Amador County Fair and	d the State of Californ	ıia.
Signature of Owner/Agent	Date	9	Signature of Parent or Guardian (if Exhib	vitor under 18)	
CONSULT PREMIUM BOOK FOR CLASS	S NUMBERS, ENTRY FE	ES, ENTRY CLOSING	IN-PLACE & JUDGING DATES		

							Sire Name				FAIR US	E ONLY	
				Name of Animal	Date of Birth		Sire Reg. No.						
Reg.		Division	Class		Breed	Ear Tag,	Dam Name		Entry	Entry			
Ck'd		No.	No.	Registry No.	Sex	Tattoo or	Dam Reg. No.	Breeder	Fees	No.	Weight	Placing	Award
	1												
	'												
	2												
	3												
									1				
	4												
air Use	e Oni	ly:	Date Pa	id	Receipt No		Total # of Animals		4 Day A	Adult Wris	tband 18 &	Up - \$30	\$
			Parking	Pass #	# of Wristban	ds	Total # of Pens Req	·	4 Day J	Junior Wri	stband 7 to	17 - \$17	\$
Rev. 0	2/2	5							4 Day F	Parking Pa	ass - \$45		\$

## RELEASE AND WAIVER OF LIABILITY AGREEMENT

I,	_ (Participant), acknowledge that I have ing activities at the 26 <sup>th</sup> District Agricultural
,	
Amador Co	unty Fair
I AM AWARE THAT THESE ACTIVITIES ARE HAZ PARTICIPATING IN THESE ACTIVITIES WITH KNOW TO ASSUME ANY AND ALL RISKS OF BODILY INJU THESE RISKS ARE KNOWN OR UNKNOWN.	LEDGE OF THE DANGER INVOLVED AND AGREE
I VERIFY THIS STATMENT BY PLACING PARENT OR GUARDIAN'S INITIALS (IF	
As consideration for being permitted by California, California Fair Services Authority, fair premises to participate in these activities Fair, the State, the County, the Lessor, a respective directors, officers, employees, representatives (collectively "Releasees") from that I, my assignees, heirs, distributees, grepresentatives now have, or may have in damage, related to (i) my participation in the acts, whether directly connected to these a Releasee, or (iii) the condition of the premises am then participating in the activities. I distributees, guardians, next of kin, spouse claim against, sue, or attach the property of matters covered by the foregoing release.	the County of Amador and any lessor of the and use their facilities, I forever release the any fair affiliated organization, and their volunteers, agents, contractors, and any and all actions, claims, or demands guardians, next of kin, spouse and legal the future, for injury, death, or property ese activities, (ii) the negligence or other activities or not, and however caused, by any where these activities occur, whether or not I also agree that I, my assignees, heirs, and legal representatives will not make a
I HAVE CAREFULLY READ THIS AGREMENT AWARE THAT THIS IS A RELEASE OF LIABILITY AND THE STATE, THE COUNTY, THE LESSOR AND/OR TO OF MY OWN FREE WILL.	
If signed by Parent or Guardian: I verify that the of this Release and Waiver were explained understood them.	
Executed at, Calif	fornia on, 20
PARTICIPANT/RELEASOR	PARENT OR GUARDIAN
(Signature)	(Signature)
(Address)	(Address)